SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND, DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. (1) TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL CLAIMS